REQUEST FOR APPLICATIONS

RFA Number 0603100219

New York State
Department of Health
Division of Epidemiology/ Center for Community Health
Bureau of STD Control

STD SCREENING IN JAILS

Website Address: http://www.nyhealth.gov

Questions Due: July 11, 2006

Questions and Answers Posted on Web: July 25**,** 2006

Applications Due: August 15, 2006

Contact Name & Address: Robert J. Reed, Assistant Director
Bureau of STD Control
New York State Department
of Health
Corning Tower, Room 1168
Empire State Plaza
Albany, NY, 12237

Table of Contents

I. Introduction

Description of the Program

The mission of the New York State Department of Health, Bureau of Sexually Transmitted Disease Control is to prevent and control sexually transmitted infections among residents of New York State. The Bureau of Sexually Transmitted Disease Control achieves this mission through the successful integration of program activities, including surveillance, case management, partner notification for STD's including HIV, STD screening services, education, quality assurance assessment, and research and evaluation.

Background/Intent

Sexually transmitted diseases (STDs) constitute an important national problem that causes significant health consequences at considerable economic cost. Each year, approximately 15 million people in the United States will become infected with one or more STDs and half will contract lifelong infection. Approximately one quarter of new infections occur among teenagers. Of viral STDs, an estimated 75 percent of the reproductive-age population has been infected with sexually-transmitted human papillomavirus (HPV) and each year, 16,000 women will be diagnosed with cervical cancer attributed to sexually-transmitted HPV; 4,900 women will die from cervical cancer. One in five Americans are infected with genital herpes, the majority of whom are unaware of their infection status. Bacterial STDs, which are treatable, also cause significant morbidity. *Chlamydia trachomatis* is the most commonly-reported bacterial STD with an estimated 3 million infections reported annually. The majority of *Chlamydia* infections go undetected, as 75 percent of females and 50 percent of men with *Chlamydia* do not have symptoms, which would prompt them to seek care. Up to 40 percent of women with untreated *Chlamydia* infection will develop pelvic inflammatory disease (PID) and one in five with PID will become infertile. An estimated 600,000 new gonorrhea infections occur each year. Most infections in men produce symptoms. However, in women, the majority are asymptomatic until complications like PID occur. For *Chlamydia* and gonorrhea, teenagers have the highest rates of infection. Syphilis cases are increasing after years of decline, especially among men who have sex with men. Many of those infected with syphilis are also HIV positive.

In New York State, three reportable STDs, syphilis, *Chlamydia* and gonorrhea, account for half of all reportable communicable diseases combined.

Availability of Funds

The Bureau of STD Control invites all local health units in New York State, including New York City, to compete for these funds. The funding for this RFA will be provided through the Public Health Campaign. Continuation of this funding beyond the initial contract will be subject to the availability of State funding.

There is a total of $300,000 in available funding that will be awarded to the four highest scoring Applicants with a passing score of 65. Each of the highest scoring acceptable applications will be eligible for an award of up to $75,000 per year.

The minimum passing score is 65. In the event that there are not four RFA proposals with a passing score, the Bureau of STD Control, at their discretion, will distribute the remaining funds to the highest scoring proposals.

Problem/Issue Resolution to be addressed through this RFA

The purpose of this request for applications (RFA) is to support screening for STDs in local jails, juvenile detention centers and inpatient drug treatment centers. Individuals institutionalized in these settings are at high risk of all STDs including HIV. In the community, these individuals typically do not access health care services and practice behaviors that place them at increased risk of infection with STDs. Screening such individuals upon intake to jails, juvenile detention and drug treatment facilities presents a unique opportunity for STD diagnosis and treatment and prevention of disease transmission.

II. Who May Apply

A. Minimum Eligibility Requirements

This RFA is issued to all local health units in New York State including New York City, that have the infrastructure available to conduct screening, diagnosis and treatment of STDs for persons incarcerated/admitted to their local jails, juvenile detention centers or inpatient drug treatment facilities.

B. Preferred Eligibility Requirements

Preference will be given to those local health units with the necessary experience, staffing, and capacity to conduct STD screening, diagnosis and treatment in the designated facilities and in collecting and reporting patient-specific STD-related data in an electronic format. When sub-contractors are proposed to complete any of the required activities, a letter from the subcontractor(s) should be included which details their scope of work, budget and ability to complete activities in accordance with the overall-project work plan. All subcontractors should agree in writing to comply with specifications agreed to by the original selected bidder according to the RFA.

III. Project Narrative/ Work Plan Outcomes

A. Expectations of Project

Demonstration of Need

Applicants should demonstrate the need for STD screening services in the local area through provision of the following information:

1. Positivity rates for STDs in the county and the target population. These rates and a narrative description of 3-year trends (2003-2005) in STD morbidity in the county and the target population should be provided. Finally, the annual census of the facility/ies for the same time period should also be included.
2. The proportion of the total county STD morbidity that is identified in the target population.
3. A description of the other sources of funds, including amounts and services, already received by the local health unit to support STD services in the target population.

Clinical and Organizational Capability

The following information is required as a demonstration of the local health unit's capability to provide the clinical services necessary to implement an STD screening program for the target population. In addition, information on the targeted facility/ies and the target population is required.

1. Describe the Applicant's organizational history and experience in providing screening services to the target population over the last three years.
2. Describe the target population (e.g., race/ethnicity, age, gender, average length of incarceration at the facility), and the institutional structure including the agency responsible for operation of the facility.
3. Describe the screening protocol that will be used to identify individuals in need of services. This description should include the proportion of enrollees who will be screened and how selected, for each specific disease, time period within which screening will occur (e.g., within 24 hours of intake), hours available for screening, medical evaluation protocol and treatment.
4. For those clients identified for screening, describe the consent procedures to be used, e.g., no consent, verbal opt-out, written informed consent.
5. List of personnel available to provide medical services and the level of experience in STD diagnosis, management and treatment. Resumes for each individual involved in the provision of STD screening services should be included as an attachment. The individuals should have the expertise necessary to check the patient's STD history to confirm whether an individual has been treated before or is a new case.
6. Identify the laboratory to be used to process specimens. Describe laboratory capacity and experience in providing STD testing services, including details about the types of test technologies and length of experience in performing each platform; the volume of proposed STD testing in context to overall test capacity; the number of staff, level of experience, and training; the ability to manage/administrate multi-site contracts; the types of organizations for which testing is performed; the geographic service area covered by the laboratory.
7. Laboratory location in relation to the facility where screening will be implemented including a description of the procedures for transporting specimens

and the frequency of such transport and finally, the storage and handling procedures at the facility.

8. Turnaround time for test results for each STD included in the proposed screening protocol.
9. Criteria for diagnosis and treatment of syphilis reactors. This description should include a determination of early syphilis cases and the basis on which the treatment is administered, i.e., laboratory testing method, reactive screening tests, positive confirmatory tests, symptoms, previous history, rise in titer and other factors.
10. Criteria for diagnosis and treatment of gonorrhea and *Chlamydia*, if included in proposed screening protocol. Again, this description should include laboratory testing methods, and treatment protocols, distinguishing between treatment based on test results and those patients treated presumptively.
11. Describe protocols for locating and treating infected persons who are released from the facility prior to the receipt of treatment.
12. Describe procedures for performing case interviewing and partner notification activities for diagnosed cases of disease. Include details about the personnel available to perform these activities at the facility.

Data Collection and Reporting

In order to receive funding for this project, it is necessary to demonstrate that your organization has the capacity to collect and submit line-listed data electronically on a quarterly basis to the Bureau of STD Control. A list of the required data elements is included in Attachment 2. BSTDC will provide a data entry template for use by the successful Applicants.

The data should be reported quarterly, thirty days following the end of each quarter, with quarters comprised of three consecutive months of the calendar year, e.g. January – March, April – June, July – September, October-December. In addition, an annual summary should be provided to include a narrative of the program outcomes and barriers encountered.

Budget

The Applicant should submit an individual line-item budget and budget justification for an anticipated 12-month period, assuming a start date of October 1, 2006. The budget and justification should reflect one year of funding. There is total of $300,000 in available funding that will be awarded to the four highest scoring Applicants with a passing score of 65. Each of the highest scoring acceptable applications will be eligible for an award of up to $75,000 per year.

All requested costs should be reasonable, cost effective, and consistent with program objectives and activities. In addition, all budgeted costs should be consistent with the proposed scope of work. If an Applicant budgets for an item other than what is specified in the RFA, it will be considered unallowable and will be removed from the budget.

All costs should be related to the provision of this RFA. Justification for each cost should be submitted in narrative form, not to exceed 3 single, double-space pages. Attachment 3 (Budget Summary Form), Attachment 4 (Personnel Services Budget Form) and Attachment 5 (Budget Justification) should be used to document budget information. The budget should include the price per test for each proposed laboratory test method and the budget justification (attachment 5) for this unit cost should include a breakdown of direct and indirect labor costs, direct and indirect supplies, and overhead for laboratory testing services.

When subcontractors are proposed to complete certain activities, the following information should be provided: 1) name of contractor, 2) period of performance, 3) method of selection (i.e., competitive or sole source), 4) description of activities, 5) reason for contracting activities, and 6) itemized budget. For personnel requests, include the following: name, position title, salary, percentage of effort, and amount requested. If the position is funded < 1.0 FTE through this initiative, the incumbent's other job responsibilities, percentage of time allocated to these other job responsibilities and the source of support should also clearly be indicated in a footnote on Attachment 4: Personnel Services Budget Form.

Please be aware that expenditures will not be allowed for the purchase of major pieces of depreciable equipment (although limited computer/printing equipment may be considered) or remodeling or modification of structure. In addition, this funding may not be used to supplant funds for currently existing staff activities. Administrative costs will be limited to a maximum of 10 % of total direct costs.

IV. Administrative Requirements

A. Issuing Agency

This RFA is issued by the NYS Department of Health, Bureau of Sexually Transmitted Disease Control. The department is responsible for the requirements specified herein and for the evaluation of all applications.

B. Question and Answer Phase:

All substantive questions and questions of a technical nature (these questions involve how to prepare the application) should be submitted in writing to:

Robert J. Reed
Assistant Bureau Director
Bureau of STD Control
New York State Department of Health
ESP, Corning Tower, Room 1168
Albany, NY, 12237

To the degree possible, each inquiry should cite the RFA section and paragraph to which it refers. Both substantive and technical questions will be accepted until July 11, 2006. Prospective Applicants should note that all clarification and exceptions, including those relating to the terms and conditions of the contract, are to be raised prior to the submission of an application.

The questions and answers, as well as any updates and/or modifications, will be posted on the Department of Health's website at the address listed on the cover page of this RFA by July 25, 2006.

C. Applicant Conference

There will not be an Applicant conference held for this RFA.

D. How to file an Application

Applications should be **received** at the following address by 5:00 pm on August 15, 2006, as indicated on the cover page of this RFA. **Late applications will not be accepted.** All applications should be sent to the following address:

Robert J. Reed
Assistant Bureau Director
Bureau of STD Control
New York State Department of Health
ESP, Corning Tower, Room 1168
Albany, NY, 12237

Applicants should submit *one* original, signed application and *six (6)* copies. Application packages should be clearly labeled with the name and number of the RFA as listed on the cover of this RFA document. Applications will not be accepted via fax or e-mail.

It is the Applicant's responsibility to see that bids are delivered to Room 1168 of the Corning Tower, ESP prior to the date and time specified above. Late applications due to a delay by the carrier, or not received in the Department's mailroom in time for transmission to Room 1168 of the Corning Tower, ESP, will not be considered.

C. THE DEPARTMENT OF HEALTH RESERVES THE RIGHT TO:

1. Reject any or all applications received in response to this RFA.

2. Award more than one contract resulting from this RFA.

3. Waive or modify minor irregularities in applications received after prior notification to the Applicant.

4. Adjust or correct cost figures with the concurrence of the Applicant if errors exist and can be documented to the satisfaction of DOH and the State Comptroller.

5. Negotiate with Applicants responding to this RFA within the requirements to serve the best interests of the State.

6. Modify the detail specifications should no applications be received that meet all these requirements.

7. If the Department of Health is unsuccessful in negotiating a contract with the selected Applicant within an acceptable time frame, the Department of Health may begin contract negotiations with the next qualified Applicant(s) in order to serve and realize the best interests of the State.

8. The Department of Health reserves the right to award grants based on geographic or regional considerations to serve the best interests of the state.

D. Term of Contract

Any contract resulting from this RFA will be effective only upon approval by the New York State Office of the Comptroller.

It is expected that contracts resulting from this RFA will have the following initial time period: October 1, 2006-September 30, 2007, with the provision of four one-year contract renewals. The annual renewal process requires submission of a budget, budget justification and proposed work plan. The contract renewals will be approved providing the services are required, and there is an appropriation of funds.

E. Payment & Reporting Requirements

1. The grant contractor should submit monthly invoices and required reports of expenditures to the State's designated payment office:

NYS Department of Health
Bureau of STD Control
Corning Tower, Room 1168
Empire State Plaza
Albany, N.Y. 12237

Payment of such invoices by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

Vouchers should be submitted quarterly. On each voucher, be sure to specify the contract number, the dates for which the voucher is being submitted and the amount being requested.
Vouchers will not be processed unless the corresponding data reporting requirements are met as specified in III. A. Data Collection and Reporting.

2. The grant contractor should submit the following periodic reports:

   Quarterly submission of an electronic file for all individuals screened at the facility/ies. This file shall include the variables specified in Attachment 2 and shall be reported electronically to the Bureau of STD Control thirty days following the end of each quarter.

   An annual summary report should be submitted one month following the end of the one-year contract period which details success in meeting the goals and objectives as outlined in the workplan.

All payment and reporting requirements will be detailed in Appendix C of the final grant contract.

F. General Specifications

1. By signing the "Application Form" each Applicant attests to its express authority to sign on behalf of the Applicant.

2. Contractor will possess, at no cost to the State, all qualifications, licenses and permits to engage in the required business as may be required within the jurisdiction where the work specified is to be performed. Workers to be employed in the performance of this contract will possess the qualifications, training, licenses and permits as may be required within such jurisdiction.

3. Submission of an application indicates the Applicant's acceptance of all conditions and terms contained in this RFA. If this Applicant does not accept a certain condition or term, this should be clearly noted in a cover letter to the application.

4. An Applicant may be disqualified from receiving awards if such Applicant or any subsidiary, affiliate, partner, officer, agent or principal thereof, or anyone in its employ, has previously failed to perform satisfactorily in connection with public bidding or contracts.

5. Provisions Upon Default

a. The services to be performed by the Applicant shall be at all times subject to the direction and control of the Department as to all matters arising in connection with or relating to the contract resulting from this RFA.

b. In the event that the Applicant, through any cause, fails to perform any of the terms, covenants or promises of any contract resulting from this RFA, the Department acting for and on behalf of the State, shall thereupon have the right to terminate the contract by giving notice in writing of the fact and date of such termination to the Applicant.

c. If, in the judgment of the Department of Health, the Applicant acts in such a way which is likely to or does impair or prejudice the interests of the State, the Department acting on behalf of the State, shall thereupon have the right to terminate any contract resulting from this RFA by giving notice in writing of the fact and date of such termination to the Contractor. In such case the Contractor shall receive equitable compensation for such services as shall, in the judgment of the State Comptroller, have been satisfactorily performed by the Contractor up to the date of the termination of this agreement, which such compensation shall not exceed the total cost incurred for the work which the Contractor was engaged in at the time of such termination, subject to audit by the State Comptroller.

G. Appendices

The following will be incorporated as appendices into any contract(s) resulting from this Request for Application.

APPENDIX A - Standard Clauses for All New York State Contracts

APPENDIX A-1 Agency Specific Clauses

APPENDIX A-2 Program Specific Clauses *<IF APPLICABLE>*

APPENDIX B - Budget

APPENDIX C - Payment and Reporting Schedule

APPENDIX D - Workplan

APPENDIX H - Federal Health Insurance Portability and Accountability Act (HIPAA) Business Associate Agreement *<IF APPLICABLE>*

APPENDIX E - Unless the CONTRACTOR is a political sub-division of New York State, the CONTRACTOR shall provide proof, completed by the CONTRACTOR'S insurance carrier and/or the Workers' Compensation Board, of coverage for:

Workers' Compensation, for which one of the following is incorporated into this contract as **Appendix E-1**:

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

  WC/DB -101, Affidavit That An OUT-OF STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR

- **C-105.2** -- Certificate of Workers' Compensation Insurance. PLEASE NOTE: The State Insurance Fund provides its own version of this form, the **U-26.3**; OR

- **SI-12** -- Certificate of Workers' Compensation Self-Insurance, OR **GSI-105.2** -- Certificate of Participation in Workers' Compensation Group Self-Insurance

Disability Benefits coverage, for which one of the following is incorporated into this contract as **Appendix E-2**:

- **WC/DB-100**, Affidavit For New York Entities And Any Out-Of-State Entities With No Employees, That New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage Is Not Required; OR

  WC/DB -101, Affidavit That An OUT-OF STATE OR FOREIGN EMPLOYER Working In New York State Does Not Require Specific New York State Workers' Compensation And/Or Disability Benefits Insurance Coverage; OR

- **DB-120.1** -- Certificate of Disability Benefits Insurance OR the **DB-820/829** Certificate/Cancellation of Insurance; OR

- **DB-155** -- Certificate of Disability Benefits Self-Insurance

NOTE: Do not include the Workers' Compensation and Disability Benefits forms with your application. These documents will be requested as a part of the contracting process should your agency receive an award.

V. Completing the Application

A. Application Content

Applicants should address the following areas and will be scored by the review team accordingly:

Demonstration of Need (30%): Provide information regarding the need for services in the target population. This description should address the following:

1. Positivity rates for STDs in the county and the target population. These rates and a narrative description of 3-year trends (2003-2005) in STD morbidity in the county and the target population should be provided. Finally, the annual census of the facility/ies for the same time period should also be included.
2. The narrative description of STD morbidity should also indicate the proportion of the total county morbidity that is identified in the target population.
3. Describe the other sources of funds, including amounts and services, already received by the local health unit to support STD services in the target population.

Clinical Capability (35%): The following information is required as a demonstration of the local health unit's capability to provide the clinical services necessary to implement an STD screening program for the target population.

1. Describe the Applicant's organizational history and experience in providing screening services to the target population over the last three years.
2. Describe the target population (e.g., race/ethnicity, age, gender, average length of incarceration at the facility), and the institutional structure including the agency responsible for operation of the facility.
3. Describe the screening protocol that will be used to identify individuals in need of services. This description should include the proportion of enrollees who will be screened and how selected, for each specific disease, time period within which screening will occur (e.g., within 24 hours of intake), hours available for screening, medical evaluation protocol and treatment.
4. For those clients identified for screening, describe the consent procedures to be used, e.g., no consent, verbal opt-out, written informed consent.
5. List of personnel available to provide medical services and the level of experience in STD diagnosis, management and treatment. Resumes for each individual

involved in the provision of STD screening services should be included as an attachment. The individuals should have the expertise necessary to check the patient's STD history to confirm whether an individual has been treated before or is a new case.

6. Identify the laboratory to be used to process specimens. Laboratory capacity and experience in providing STD testing services, including details about the types of test technologies and length of experience in performing each platform; the volume of proposed STD testing in context to overall test capacity; the number of staff, level of experience, and training; the ability to manage/administer multi-site contracts; the types of organizations for which testing is performed; the geographic service area covered by the laboratory.
7. Laboratory location in relation to facility where screening will be implemented including a description of the procedures for transporting specimens and the frequency of such transport and finally, the storage and handling procedures at the facility.
8. Turnaround time for test results for each STD included in the proposed screening protocol.
9. Criteria for diagnosis and treatment of syphilis reactors. This description should include a determination of early syphilis cases and the basis on which the treatment is administered, i.e., laboratory testing method, reactive screening tests, positive confirmatory tests, symptoms, previous history, rise in titer and other factors.
10. Criteria for diagnosis and treatment of gonorrhea and *Chlamydia*, if included in proposed screening protocol. Again, this description should include laboratory testing methods, and treatment protocols, distinguishing between treatment based on test results and those patients treated presumptively.
11. Describe protocols for locating and treating infected persons who are released from the facility prior to the receipt of treatment.
12. Describe procedures for performing case interviewing and partner notification activities for diagnosed cases of disease. Include details about the personnel available to perform these activities at the facility.

Data Collection and Reporting (15%): In order to receive funding for this project, it is necessary to demonstrate that your organization has the capacity to collect and submit line-listed data electronically on a quarterly basis to the Bureau of STD Control. The description should address the following:

1. Report required data to the BSTDC. A list of the required data elements is included in Attachment 2. BSTDC will provide a data entry template for use by the successful Applicants.
2. The data should be reported quarterly, thirty days following the end of each quarter, with quarters comprised of three consecutive months of the calendar year, e.g. January – March, April – June, July – September, October-December.
3. An annual summary should be provided to include a narrative of the program outcomes and barriers encountered.

Budget (20%):

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The Applicant should submit an individual line-item budget and budget justification for an anticipated 12-month period, assuming a start date of October 1, 2006. The budget and justification should reflect one year of funding. There is a total of $300,000 in available funding that will be awarded to the four highest scoring Applicants with a passing score of 65. Each of the highest scoring acceptable applications will be eligible for an award of up to$75,000 per year.

All requested costs should be reasonable, cost effective, and consistent with program objectives and activities, In addition, all budgeted costs should be consistent with the proposed scope of work. If an Applicant budgets for an item other than what is specified in the RFA, it will be considered unallowable and will be removed from the budget.

All costs should be related to the provision of this RFA. Justification for each cost should be submitted in narrative form, not to exceed 3 single, double-space pages. Attachment 3 (Budget Summary Form), Attachment 4 (Personnel Services Budget Form) and Attachment 5 (Budget Justification) should be used to document budget information. The budget should include the price per test for each proposed laboratory test method and the budget justification (attachment 5) for this unit cost should include a breakdown of direct and indirect labor costs, direct and indirect supplies, and overhead for laboratory testing services.

When subcontractors are proposed to complete certain activities, the following information should be provided: 1) name of contractor, 2) period of performance, 3) method of selection (i.e., competitive or sole source), 4) description of activities, 5) reason for contracting activities, and 6) itemized budget. For personnel requests, include the following: name, position title, salary, percentage of effort, and amount requested. If the position is funded < 1.0 FTE through this initiative, the incumbent's other job responsibilities, percentage of time allocated to these other job responsibilities and the source of support should also clearly be indicated in a footnote on Attachment 4: Personnel Services Budget Form.

This funding may not be used to supplant funds for currently existing staff activities. Administrative/indirect costs will be capped at 10 % of total direct award.

In addition to the items requested above, required information to assess the viability and feasibility of the organization's ability to accomplish the proposed task should also be included:

Cover Page: A cover page should accompany the Proposal (see Attachment 6).

The cover page should include the following pass/fail items:

Name of Applicant organization, address, phone number, fax number, and E-mail address.

Applicant's federal tax identification number.

Name of person authorized to sign a contract for this firm, address, telephone, fax number and E-mail address, including original signature.

Technical and/or project manager for this proposal, address, telephone, fax number and E-mail address, including original signature.

1. Timeline of Program Implementation specifying the activities necessary to implement the program and associated start date.
2. Resumes of key personnel responsible for the delivery of services included in the proposed screening program. (Considered an Attachment) (Pass/Fail)
3. Letter of support from other agencies or subcontractors necessary to implement the project (include as attachment(s)).

B. Application Format

ALL APPLICATIONS SHOULD CONFORM TO THE FORMAT PRESCRIBED BELOW. POINTS MAY BE DEDUCTED FROM APPLICATIONS THAT DEVIATE FROM THE PRESCRIBED FORMAT.

Applications SHOULD NOT exceed *20 SINGLE*-spaced typed pages (not including the cover page, budget and attachments). The application should be written using the Times New Roman 12 point font.
Points for incorrect formatting will be deducted as follows:

Incorrect font size	-1.0
Incorrect font style	-1.0
Application exceeds 20 pages	-2.0
Application is not double spaced	-1.0

The value assigned to each section is an indication of the relative weight that will be given when scoring your application.

1.Demonstration of Need	*(4 pages or less)*	*(Maximum Score: 30 points)*
2.Clinical Capability	*(7 pages)*	*(Maximum Score: 35 points)*
3.Data Collection & Reporting	*(3 pages)*	*(Maximum Score: 15 points)*
4. Budget	*(6 pages)*	*(Maximum Score: 20 points)*

C. Review & Award Process

Applications meeting the guidelines set forth above will be reviewed and evaluated competitively by staff from the NYSDOH Division of Epidemiology, Bureau of STD Control.

The review process will not use regional criteria to award grants.
Any cost related to this RFA is the obligation of the Applicant and not the responsibility of the Department of Health. Applications failing to provide all response requirements or failing to follow the prescribed format may be removed from consideration or points may be deducted.

There is a total of $300,000 in available funding that will be awarded to the four highest scoring Applicants. Each of the highest scoring acceptable applications will be eligible for an award of up to $75,000 per year. If an Applicant budgets for an item other than what is specified in the RFA, it will be considered unallowable and removed from the budget.

The minimum passing score is 65. In the event that there are not four passing RFA proposals, the Bureau of STD Control, at their discretion, will distribute the remaining funds to the highest scoring proposals.

VI. Attachments

Attachment 1; Standard Grant Contract with Appendices
Attachment 2: Jail STD Surveillance Data Variables
Attachment 3: Budget Summary Form
Attachment 4: Personal Services Budget Form
Attachment 5: Budget Justification Form
Attachment 6: Application Cover Sheet

Jail STD Surveillance Variables Attachment 2

Patient Last Name	Last name of patient
Patient First Name	First Name of patient
Patient ID	Unique patient identifier (to allow recidivists to be identified)
Sex	Sex
DOB	Patient's Date of birth
Ethnicity	1=Hispanic, 2=Non-Hispanic
American Indian/Alaskan Native	1=Yes, 2=No
Black/African American	1=Yes, 2=No
White	1=Yes, 2=No
Asian	1=Yes, 2=No
Native Hawaiian/Pacific Islander	1=Yes, 2=No
ZipP Code	Person's five digit zip code of residence
Census Tract	Person's census tract of residence
Admission Date	Date of admission to facility

Exam Date	Date of genital/pelvic examination (MM/DD/YYYY)
Syphilis Done	Syphilis test done? 1=Yes, 2=No
Syphilis Date	Date that syphilis specimen was collected (MM/DD/YYYY)
Syphilis Test	Type of syphilis test done, 1=RPR, 2=VDRL, 3=Other, 9=Unk
Qualitative syphilis test result	1=Reactive, 2=Weakly reactive, 3=Nonreactive, 4=QNS/Contanimated/Unsat, 9=Unk
Quantitative syphilis test result	Titer result of nontreponemal test
Type of confirmatory test done	1=MHATP, 2=FTA, 3=Other, 4=Not Done, 5=TP-PA, 8=Not done because previously positive, 9=Unk
Confirmatory test result	1=Reactive, 2=Nonreactive, 3=QNS/Contaminated/Unsat, 4=Inconclusive, 9=Unk
Reported as a new case of syphilis	1=Yes, 2=No, 9=Unk
Stage of syphilis	710=Primary syphilis, 720=Secondary syphilis, 730=Early latent syphilis, 740=Latent syphilis of unknown duration, 745=Late latent syphilis, 750=Late syphilis with symptoms, 999=Unk
Treatment provided while incarcerated	1=Yes, 2=No, 9=Unk
Chlamydia test done?	1=Yes, 2=No, 9=Unk
Date of Chlamydia test	Date specimen was collected, MM/DD/YYYY
Chlamydia test Type	1=Culture, 2=DNA probe, 3=PCR, 4=LCR, 5=EIA, 6=DFA, 7=Other, 8=TMA, 9=Unk, 10=SDA

Jail STD Surveillance Variables — Attachment 2

Anatomic site of specimen collection	1=Cervix, 2=Urethra, 3=Vagina, 4=Urine, 5=Other, 9=Unk
Chlamydia Test Result	1=Positive, 2=Negative, 3=Indeterminate, 4=Unsat/Contaminated, 9=Unk
Chlamydia Treatment provided while incarcerated	1=Yes, 2=no, 9=Unk
Gonorrhea test done?	1=Yes, 2=no, 9=Unk
Date of gonorrhea test	Date specimen was collected MM/DD/YYYY
Type of gonorrhea test	1=Culture, 2=DNA probe, 3=PCR, 4=LCR, 5=Gram Stain, 6=Other, 8=TMA, 9=Unk, 10=SDA, 11=EIA, 12=DFA

Anatomic site of gonorrhea specimen collection	1=Cervix, 2=Urethra, 3=Urine, 4=Rectum, 5=Throat, 6=Other, 9=Unk
Gonorrhea test result	1=Positive, 2=Negative, 3=Indeterminate, 4=Unsat/Contaminated, 9=Unk
Gonorrhea Treatment provided while incarcerated	1=Yes, 2=no, 9=Unk
Pregnancy Test Done ?	1=Yes, 2=no, 9=Unk
Specimen source for pregnancy test	1=Blood, 2=Urine, 3=Not done, 9=Unk
Result of Pregnancy Test	1=Positive, 2=Negative, 9=Unk

Attachment 3

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF STD CONTROL
BUDGET SUMMARY FORM

Contractor: _____
Contract Period: _____
Federal ID #: _____
Initiative: _____

BUDGET ITEMS	Amount Requested	In-kind Contribution	Total Costs
Personal Services			
Fringe Benefit (Rate = %)			
Personal Services Total	**$ -**	**$ -**	**$ -**
Supplies			
Travel			
Equipment			
Miscellaneous/Other			
Subcontracts/Consultants			
Administrative Costs (Indirect Cost Rate = %)			
Total OTPS	**$ -**	**$ -**	**$ -**
Budget Total	**$ -**	**$ -**	**$ -**

Amounts should be entered in whole dollars only.

Attachment 4

PERSONAL SERVICES BUDGET

Contractor:	Contract Period:

Name and Title	Hours in Work-week (full time)	Annual Salary (full time)	# Months Funded	% FTE Funded	Total Amount Requested
Total Personal Services					$ -

Budget Justification

Please provide a complete justification/explanation for each line item in the budget. This should include a cost methodology where appropriate.

Attachment 6

Application Cover Sheet

Screening in Jails

Organization: _____

Federal Employer ID#: _____

Address: _____

_____

_____

_____

Contact Person: _____

Telephone Number: (___)_____

Fax Number: (___)_____

E-mail Address: _____

_____

Signature of Individual Authorized to Apply for the Organization